

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to state supplementary assistance

The Department of Human Services hereby amends Chapter 51, “Eligibility,” and Chapter 52, “Payment,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 249A.4 and 2017 Iowa Acts, House File 653, section 14.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4 and 2017 Iowa Acts, House File 653, section 14.

Purpose and Summary

These amendments implement the January 1, 2018, cost-of-living adjustments (COLA) to income limits and benefit amounts for several State Supplementary Assistance (SSA) categories. These amendments also implement the changed personal needs allowance for the residential care facility (RCF) assistance and family-life home (FLH) assistance. The net change to the personal needs allowance is a decrease due to a small COLA percentage increase that is offset by a larger decrease in the average monthly Medicaid copayments used to calculate the amount of this deduction.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on January 31, 2018, as **ARC 3596C**. This rule making was also Adopted and Filed Emergency and published in the Iowa Administrative Bulletin as **ARC 3599C** on the same date. The Department received no comments during the public comment period. These amendments are identical to those published under Notice of Intended Action and Adopted and Filed Emergency.

Adoption of Rule Making

This rule making was adopted by the Council on Human Services on March 7, 2018.

Fiscal Impact

The RCF and FLH personal needs allowances (PNAs) are decreasing by \$1 per month from \$100 per month to \$99 per month. The base personal needs allowance is increased only slightly due to the 2 percent COLA this year. This increase was more than offset by the decrease in the average Medicaid copayment per client per month for RCF assistance recipients. (The average Medicaid copayment per client per month is added to the base PNA to determine the final monthly PNA.) The average copayment per client per month for RCF assistance recipients for August 2016 through July 2017 was \$.90. This is a decrease of \$2.89 from last year’s average of \$3.79. For FLH recipients, the \$16 increase in the payment to the FLH is offset by the \$1 decrease in the personal needs deduction and a \$15 increase in the SSI payment. The recipient will pay up to \$16 more due to the \$15 increase in income and the \$1 decrease in the PNA. For RCF assistance recipients, the maximum total payment to the facility increases up to \$15.19 per month per recipient $[(30.60 - 30.11) \times 31 \text{ days}]$. RCF costs are shared by the state and the RCF recipient. Any potential increased costs to the state are expected to be more than offset by declining RCF caseloads in SFY 2018 and SFY 2019. For dependent-person assistance recipients, the maximum

monthly payment is increasing by \$8, from \$379 to \$387. Each dependent-person assistance recipient will receive up to an \$8 increase, resulting in an anticipated increase in state expenditures.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on May 2, 2018, at which time the Adopted and Filed Emergency amendments are hereby rescinded.

The following rule-making actions are adopted:

ITEM 1. Amend subrule 51.4(1) as follows:

51.4(1) Income. Income of a dependent relative shall be less than ~~\$379~~ \$387 per month. When the dependent's income is from earnings, an exemption of \$65 shall be allowed to cover work expense.

ITEM 2. Amend rule 441—51.7(249), introductory paragraph, as follows:

441—51.7(249) Income from providing room and board. In determining profit from furnishing room and board or providing family life home care, ~~\$379~~ \$387 per month shall be deducted to cover the cost, and the remaining amount treated as earned income.

ITEM 3. Amend subrule 52.1(1) as follows:

52.1(1) Protective living arrangement. The following assistance standards have been established for state supplementary assistance for persons living in a family-life home certified under rules in 441—Chapter 111.

\$797 <u>\$813</u>	Care allowance
\$100 <u>\$ 99</u>	Personal allowance
\$897 <u>\$912</u>	Total

ITEM 4. Amend subrule 52.1(2) as follows:

52.1(2) Dependent relative. The following assistance standards have been established for state supplementary assistance for dependent relatives residing in a recipient's home.

a. Aged or disabled client and a dependent relative	\$1,114 <u>\$1,137</u>
b. Aged or disabled client, eligible spouse, and a dependent relative	\$1,482 <u>\$1,512</u>
c. Blind client and a dependent relative	\$1,136 <u>\$1,159</u>
d. Blind client, aged or disabled spouse, and a dependent relative	\$1,504 <u>\$1,534</u>
e. Blind client, blind spouse, and a dependent relative	\$1,526 <u>\$1,556</u>

ITEM 5. Amend subrule 52.1(3) as follows:

52.1(3) Residential care. For periods of eligibility before July 1, 2017, the department will reimburse a recipient in either a privately operated or non-privately operated residential care facility on a flat per diem rate of \$17.86 or on a cost-related reimbursement system with a maximum per diem rate of \$30.11. The department shall establish a cost-related per diem rate for each licensed residential care facility choosing the cost-related reimbursement method of payment according to rule 441—54.3(249).

For periods of eligibility beginning July 1, 2017, ~~and thereafter~~, payment to a recipient in a privately operated licensed residential care facility shall be based on the maximum per diem rate of \$30.11, ~~but reimbursement~~. Reimbursement for recipients in non-privately operated residential care facilities will ~~continue to~~ be based on the flat per diem rate of \$17.86 or be based on the cost-related reimbursement system with a maximum per diem rate of \$30.11.

For periods of eligibility beginning January 1, 2018, and thereafter, payment to a recipient in a privately operated licensed residential care facility shall be based on the maximum per diem rate of \$30.60. Reimbursement for recipients in non-privately operated residential care facilities will be based on the flat per diem rate of \$17.86 or be based on the cost-related reimbursement system with a maximum per diem rate of \$30.60.

The facility shall accept the per diem rate established by the department for state supplementary assistance recipients as payment in full from the recipient and make no additional charges to the recipient.

a. All income of a recipient as described in this subrule after the disregards described in this subrule shall be applied to meet the cost of care before payment is made through the state supplementary assistance program.

Income applied to meet the cost of care shall be the income considered available to the resident pursuant to supplemental security income (SSI) policy plus the SSI benefit less the following monthly disregards applied in the order specified:

- (1) No change.
 - (2) An allowance of ~~\$100~~ \$99 to meet personal expenses and Medicaid copayment expenses.
 - (3) to (6) No change.
- b. to g. No change.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 3/28/18.